


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): JULIA HELENA ANNA KLINGE ET AL.			Docket No. 121130
Serial No. 10/063,471	Filing Date 04/26/2002	Examiner D. VARGAS	Group Art Unit 2859
Invention: MULTIPLE CHANNEL, CARDIAC ARRAY FOR SENSITIVITY ENCODING IN MAGNETIC RESONANCE IMAGING			
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		GROUP 2800	
I hereby certify that this <u>Transmittal and Amendment</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9318</u>)			
on <u>August 21, 2003</u> (Date)			
<u>Jessica L. Walsh</u> (Typed or Printed Name of Person Signing Certificate)			
<u>Jessica L. Walsh</u> (Signature)			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 121130	
Applicant(s): JULIA HELENA ANNA KLINGE ET AL.					
Serial No. 10/063,471	Filing Date 04/26/2002	Examiner D. VARGAS	Group Art Unit 2859		
Invention: MULTIPLE CHANNEL, CARDIAC ARRAY FOR SENSITIVITY ENCODING IN MAGNETIC RESONANCE IMAGING					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21 -	26 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-0845 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: August 21, 2003</div></div> <div style="margin-top: 20px;"> _____ Signature</div> <div style="margin-top: 10px;">Sean F. Sullivan Reg. No. 38,328 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929 Customer Service No. 23413 Confirmation No. 1168</div>					
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>					
CC:					